



State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY

Tax Office

P.O. Box 8068 - Royal Oak, Michigan 48068-8068
Phone: (313) 456-2180 FAX: (313) 456-2130
www.michigan.gov/uia



AMENDED REIMBURSING EMPLOYER QUARTERLY PAYROLL REPORT

UIA Employer Account No.: _____ Calendar Qtr. Ending: _____

Federal Emp. I.D. No. (FEIN): _____

Employer Name: _____

Street Address: _____

City, State, Zip Code: _____

REIMBURSING EMPLOYERS USE THIS REPORT TO CORRECT ERRORS IN PREVIOUSLY REPORTED PAYROLL.

Effective with the 2nd quarter of 2005, all REIMBURSING EMPLOYERS ARE REQUIRED to submit a quarterly payroll report on or before the 25th day of the month following the end of the calendar quarter as provided by Section 13 of the Michigan Employment Security (MES) Act (MCL421.13).

1. Reason for Adjustment: (If additional space is required, attach additional pages)			
	COLUMN I Previously Reported Amount	COLUMN II Corrected Amount	COLUMN III Difference
2. Quarterly Wages			

YOUR CERTIFICATION: I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____

Date: _____

Title: _____

Telephone: () -

RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS

IF YOU NEED ASSISTANCE, TELEPHONE (313) 456-2080

RETURN THIS FORM TO THE ADDRESS ABOVE OR FAX TO (313) 456-2132